

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1							51			
2							52			
3							53			
4							54			
5							55			
6	X						56			
7							57			
8							58			
9	X						59			
10		1					60			
11							61			
12		1					62			
13	X	X					63			
14							64			
15	1						65			
16							66			
17		1					67			
18							68			
19		1					69			
20							70			
21							71			
22							72			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	3						Total Indep			
Total Depend	13						Total Depend			
Total Claims	16						Total Claims			